

HEALTH CARE ADVISORY BOARD

Meeting Summary
September 10, 2012

MEMBERS PRESENT

Marlene Blum, Chairman
Rose Chu, Vice Chairman
Francine Jupiter
Dr. Tim Yarboro
Dr. Michael Trahos
Rosanne Rodilloso
Ann Zuvekas
Ellyn Crawford
Dave West

STAFF

Sherryn Craig

GUESTS

Dr. Marty Lebowitz, Guest
Gloria Addo-Ayensu, MD, MPH, Health Department
Rosalyn Foroobar, Health Department
Maureen Renault, Guest
Richard and Lois Fisher, Guests
Student, Marymount University
Jennifer Siciliano, Inova Health System

Call to Order

The meeting was called to order by Marlene Blum at 7:36 p.m.

June Meeting Summary

The minutes from the June 11, 2012 meeting were accepted as submitted.

Summary of Midyear Budget Meeting with Inova

A summary of the HCAB's midyear budget meeting with Inova was included in members' meeting materials.

Resolution Honoring Dr. J. Martin Lebowitz

The HCAB presented retired At-Large Member, Dr. J. Martin Lebowitz, with a resolution honoring his years of service to the Board.

Public Hearing on Northern Virginia Health Investors' Rezoning/Final Development Plan Application number RZ/FDP 2012-SU-010

Jon Puvak, Land Use Attorney, Walsh Colucci Lubeley Emrich & Walsh, introduced representatives from Northern Virginia Health Investors (NVHI) and provided an overview of the proposed project.

Northern Virginia Health Investors (NVHI) is a newly formed privately held Virginia Corporation created to develop and operate two new long-term care facilities in Northern Virginia – one in Sterling and the other in Chantilly. NVHI is building these facilities to replace the ones it recently acquired from Inova Health System: Inova Cameron Glen Care Center (ICGCC), located in Reston, Virginia, and Inova Commonwealth Care Center (ICCC), located in the City of Fairfax.

NVHI is a joint venture company with Smith/Packet Med-Com, LLC, a healthcare development firm specializing in the design, development, and financing of senior care and long term care facilities. Smith/Packet has experience developing properties in Virginia, the Carolinas, and Florida. The Sterling and Chantilly sites will be the company's first properties in Northern Virginia.

NVHI will be the owner of record for the Chantilly facility, but it will not be its operator. Rather, Harmony Senior Services, a subsidiary of Smith/Packet, will manage the operations of the independent living (IL), assisted living (AL) and memory care units. The Crossings at Chantilly would represent the seventh property managed by Harmony in the state of Virginia. Commonwealth Care of Roanoke, Inc., or CCR, is a partner with Smith/Packet and will serve as the operator and management company for the skilled nursing facility (SNF).

Assisted Living Facility

The Crossings at Chantilly will be a senior living community comprised of independent living, assisted living and memory care apartments. The proposed site, totaling 8.46 acres, is located in the Sully Magisterial District north of McLearen Road and west of Centreville Road. The IL and AL units will be located in a 67-foot-high, four-story building. Of the 160 units, 100 will be for IL, 60 will be for AL with 24 units dedicated for memory care or Alzheimer's patients. Elevators are included in the construction plans.

Alzheimer residents will have access to a Wandering Garden, weather permitting, and all doors within the Memory Care unit will be locked. Cameras will be mounted throughout the facility and monitored by two concierge desks 24 hours a day.

Susan Eckert, President, Harmony Senior Services and the former administrator of the Lincolnia facility in Fairfax, described the proposed facility as an "unbundled Continuing Care Retirement Community (CCRC)." Residents will be able to move between care levels (i.e., IL, AL, and memory care) according to their long term care needs, and will not be assessed a large operating fee or contract. AL rates will range between \$4,600 and \$6,500 monthly, depending on the size of the apartment. The rates for Alzheimer's care will range between \$6,000 and \$6,700 monthly. All beds will be Medicare and Medicaid certified.

Three care options will be provided, allowing the resident to move between and among levels as their acuity needs change. The basic rate includes all hospitality services - three meals a day, linen, laundry, housekeeping, transportation, and medication administration. Approximately 70 percent of Harmony's residents pay base level rates with no additional fees. For patients who require additional time attending to Activities of Daily Living, approximately 30% of Harmony's AL population, additional levels of care can be purchased.

Mr. Puvak stated that the applicant has committed to maintaining a minimum of four percent of the AL units for residents who are eligible for the Virginia Department of Social Services' Auxiliary Grant Program. Additionally, NVHI will make six of its 100 IL apartments Affordable Dwelling Units (ADUs).

Residents' medical, emotional, and spiritual needs will be met by a variety of staff and caregivers. The community will be managed by an Executive Director who must be a licensed Assisted Living Manager in the state of Virginia. Residents will be under the care of either a local physician or the community's medical director; staff physicians are not hired at Harmony managed sites.

A Licensed Practical Nurse (LPN), or if available, a Registered Nurse (RN), will be present on site twenty-four hours a day. A licensed Director of Nursing will be hired as well as a director who will exclusively oversee the Alzheimer's Units. All medical technicians (med techs) and Certified Nursing Assistants (CNAs), will be licensed and certified by the Virginia Board of Nursing. All medications will be administered by a med tech.

Additionally, a food service coordinator will manage residents' dietary needs and preferences while an activities director will provide opportunities for residents to engage their interests and enhance their physical, mental, and psychosocial well-being.

Healthcare services that are not provided by Harmony staff will be coordinated with outside partnerships, such as physical, occupational and speech therapies; pharmacy; dental and podiatry services; lab and x-rays.

The patient-to-care staff ratio for the facility's AL units, excluding nurses and med techs, is 12 to one. The patient-to-care ratio for the facility's memory care units, excluding nurses and med techs, is eight to one. The facility, by law, is required to have a minimum of two staff members available per shift (7:00 am – 3:00 pm; 3:00 pm – 11:00 pm; and 11:00 pm – 7:00 am) in the locked Alzheimer's Unit.

The average age of residents living in AL properties managed by Harmony Senior Seniors is 83 years. Most residents arrive needing help with three Activities of Daily Living (bathing, dressing, toileting, etc.) in addition to taking 12-24 medications daily.

Skilled Nursing Facility

David Tucker, Operating Officer, Commonwealth Care of Roanoke (CCR), presented NVHI's proposal to build a SNF.

Three levels of skilled nursing care will be provided, although the applicant will not be able to accommodate patients with ventilators. The short term care unit will include specialized cardiac and respiratory programs. Patients requiring a higher level of care will have access to telemonitoring systems and telemedical services. Transitioning to home or a community-based center, such as assisted living, will be integral to short-term patient care.

With respect to its long term levels of care, CCR stated that it will promote a community environment. The facility will provide decentralized dining and activity centers, and socialization will be highly encouraged. According to the applicant, transitioning to a non-institutional setting or more home-like environment remains the goal of long term skilled nursing.

The memory care unit will feature companion/familial style care. Therapy, nutritional interventions, and special activities will be provided to help residents maintain their cognition and activity levels as long as possible. Security features at all exits will prevent patients who may wander from the center without supervision.

Mr. Tucker explained CCR's \$1.8 million investment in electronic health records which allows staff using Blue Tooth technology and Computers on Wheels (COWs) to document patients' care. Nursing stations have been eliminated. Wall mounted reading lights with receptacles promote the home-like environment.

NVHI anticipates it will take 14 months to complete construction after all approvals are secured. They estimate that the new facilities will be open in about two years. The Sterling site is about six months ahead of the current proposal, and NVHI is hoping to break ground soon at the Loudoun location.

Witness Testimony

Maureen Renault, a primary caregiver for her 90 year-old mother, testified before the HCAB and encouraged NVHI to pursue business models that cultivate customers throughout the long term care services continuum. Written statements from two family members of current Commonwealth Care residents and a statement from the Chairman of the Long Term Care Coordinating Council (LTCCC) were entered into the public record.

Questions/Discussion

With the hearing concluded, HCAB members asked representatives from NVHI to answer follow up questions.

Ms. Eckert was confident that the facility would be able to accommodate patients as they moved along the long term care continuum. She stated that AL turnover is about 50%, but memory care units may be less elastic.

Ms. Eckert confirmed that Harmony does not charge any of its patients a fee for medication administration. The company works with local pharmaceutical companies to repackage patient's medication into bubble packs.

Crossover between AL and SNF personnel will be kept to a minimum, and would most likely involve hospitality (e.g., dining, maintenance, housekeeping, etc.) and administrative staff only.

In response to a question about training, Ms. Eckert stated that every staff member employed by Harmony Services receives considerable training on how to care for patients with dementia. By regulation, Ms. Eckert said that the facility must have a director of training and certification. New and existing personnel, including dietary staff, are required to attend continuous in-service trainings. However, the HCAB did note that the Virginia Department of Social Service's inspection compliance history for properties managed by Harmony revealed several areas where dementia care training was lacking or never completed within the required timeframe. Ms. Eckert assured the HCAB that it was aware of these deficiencies and that while some trainings did not occur, others were completed but improperly notated. She stated that the facility was taking measures to bring the facility back into compliance.

Upon opening, the Crossings at Chantilly will initially provide respite care services, but as occupancy increases, these services will be discontinued.

Licensed social workers would not be on staff, but Mr. Tucker referred to a transition coordinator who would facilitate patients' move between the old and new facilities.

All patients will have the option of using CCR's contractual service providers or retaining their own home health, therapy, or hospice service providers.

Through the COPN process, the skilled nursing facility has been approved for 166 licensed beds, which will be parceled into 108 units divided between 34-38 private and 60 semi private rooms, all with full baths. NVHI agreed to provide additional information on the exact allocation of private versus semiprivate rooms. With the exception of companion and married couples, men will be assigned to room with men; women will be assigned to room women.

A central bathing area, or spa, will include bathtubs and showers where patients can receive therapy or training on bathing.

HCAB members expressed concern regarding NVHI's lack of notification to current residents and their family members regarding its relocation plans. Testimony submitted to the HCAB indicated that the public hearing notice distributed by the Health Department was the first time many were hearing about NVHI's plans. Mr. Tucker accepted responsibility for not informing its residents and their families about the hearing process, including the plans to move. He explained that it is normal not to notify or provide "intimate knowledge" to its operating staff on a project this far out from construction until the company has a closed piece of property and all required approvals are secured.

Lyn Crawford suggested NVHI engage a communications director to work with residents and their families. She underscored the vulnerability that many in the Commonwealth Care facility may be feeling, and a lack of information only compounded their fears. Mr. Tucker agreed and stated he would redistribute a letter that was first sent to residents and their families when CCR took over operations from Inova. He agreed that regular communication would be in the best interests of the community and agreed to disseminate to residents and their families every 2-3 months.

In written testimony submitted to the HCAB, Ms. Blum noted that family members of current residents expressed concern about the additional distance required to visit their loved ones. Mr. Tucker acknowledged the County's unpredictable traffic patterns and pledged CCR's commitment to work with families for whom the distance may impose an additional hardship. David Tucker stated that social workers would help families find alternative placements for care.

In evaluating Commonwealth Care's Five Star rating status using Medicare.gov's Nursing Home Compare database, members were troubled by CCR's health inspection and staffing compliance history, concerns also echoed by family members of existing residents.

Medicare's overall assigned rating for Commonwealth Health and Rehabilitation Center is two stars – Below Average. This rating was calculated after CCR assumed managerial operations for the Commonwealth Health and Rehabilitation Center facility. While the Quality ratings are developed using information generated from self-reported survey data, Health Inspections and Staffing ratings are compiled using data audited by an inspection-team and are empirically based.

Based on Commonwealth Health and Rehabilitation Center's most recent inspection, dated March 8, 2012, Medicare assigned one star – Much Below Average – for the facility's Health Inspections Rating. Health Inspections provide a comprehensive assessment of nursing homes, including assessments of such areas as medication management, proper skin care, assessment of resident needs, nursing home administration, environment, kitchen/food services, and resident rights and quality of

life. The HCAB in reviewing this data found that many of the deficiencies were substantive and unrelated to the building's age or infrastructure.

An Average rating of three stars was assigned for Commonwealth Health and Rehabilitation Center's Staffing. While the facility provides Licensed Nurse Staff Hours per Resident per Day for LPNs and RNs that exceed nationwide and state averages, a closer look at the facility's performance, relative to other SNFs with a similar payer mix located in Fairfax County, revealed staffing levels, including those for Certified Nursing Aides (CNAs), that were substantially lower.

Lora Epperly, CCR's Quality Officer attempted to address these deficiencies by arguing that the data collected by Medicare.gov was subjective and incomplete, using a two week pay period prior to the inspection date and not an average over 12 months. She argued that the poor staffing levels could be a reflection of high patient acuity, CNA illness, and/or vacant positions. Ms. Epperly cited Commonwealth Care's five star rating (the highest rating possible on Medicare.gov) for Quality as better evidence of the facility's performance history.

However Ms. Blum provided documentation from the Centers for Medicare and Medicaid Services (CMS) that Quality ratings tend to be higher than a facility's staffing ratings because the former is compiled using self-reported survey data. Staffing ratings, on the other hand, are developed using data audited by CMS during random and unannounced visits.

Mr. Tucker said that CCR acknowledges that it does not have a perfect record, but suggested that no company providing long term care services does. He stated that the R in CCR stood for responsiveness and that the company was committed to improving care and bringing its facilities into compliance with all federal and state requirements. Across its twelve centers, staffing patterns were not "cookie-cutter."

Ann Zuvekas said she would like to know what factors may have contributed to CCR's poor inspection record. Ms. Epperly said that she had worked in nursing for 35 years, with nine years in a long term care setting. She said when she transitioned to LTC, she brought her ICU/ER nursing experience with her, and she would go back to the health inspectors' findings and follow up with her observations at a later date.

Dr. Trahos expressed concern over the qualifications of physicians practicing at most skilled nursing facilities, not just those owned and operated by CCR. He underscored the importance of credentialing and inquired about CCR's plans to pursue JCAHO (Joint Commission on Accreditation of Healthcare Organizations) status.

Mr. Tucker responded that although there had been a movement by facilities to secure JCAHO accreditation several years ago, many more are stepping away from the program. CCR does not have plans at this time to pursue JCAHO certification.

Dr. Trahos also questioned the use of physician extenders and what their use might mean for readmission rates. Dr. Trahos shared Kaiser Permanente's decision to eliminate Nurse Practitioners from its care model, and underscored the need to have physicians on staff who were familiar with patients' complex medical histories.

Recommendations

Dr. Trahos moved that the Health Care Advisory Board send a memorandum to the Board of Supervisors recommending approval for the development of the Crossings at Chantilly. Ms. Zuvekas seconded the motion. The motion carried unanimously.

Ms. Zuvekas moved that the Health Care Advisory Board send a memorandum to the Board of Supervisors recommending approval for the development of NVHI's skilled nursing facility, under the condition that it improve its personnel and quality of care. Ms. Crawford seconded it.

During discussion, Dr. Yarboro suggested clarifying the development condition by asking that the current facility bring its staffing and health inspections compliance to at least "above average" before NVHI is allowed to open another facility.

Dr. Trahos proposed amending the motion to include language that NVHI bring its staffing and health inspection compliance up to standards commensurate for SNFs currently operating within the Fairfax County community. Ms. Zuvekas accepted Dr. Trahos' amendment.

The motion passed unanimously.

FY 2012 Carryover

Ms. Blum has received assurance from Patricia Harrison, Deputy County Executive of Human Services, that funding for other human services, including the Health Department, will not be sacrificed to fund the Community Services Board (CSB) \$9 million shortfall. Therefore, it was the consensus of the HCAB not to testify at the September 11 Public Hearing on the Carryover Budget.

Inova-County Liaison Group

Jennifer Siciliano shared that the Inova-County Liaison Group has met twice to discuss and troubleshoot charity care issues. Up until this point, the group has mostly focused on process and procedures. Ms. Siciliano will provide additional updates as the group continues its meetings.

HCAB Review Criteria

Due to the late hour, the HCAB agreed to defer its discussion on criteria used to make recommendations to the Board of Supervisors to its October meeting.

Other Business

Two articles from *Kaiser Health News* were provided to HCAB members in their meeting packets. The articles discuss the practice of hospitals providing observation as opposed to inpatient care. This issue was discussed during the HCAB's Mid-Year Budget Meeting with Inova. Mark Runyon during that meeting agreed to provide the HCAB with data on how many patients are classified as observation and their respective payer source.

Ms. Blum suggested, and other HCAB members agreed, that they should send a letter to the BOS on this practice. Ms. Blum will try to work out time on the calendar for the HCAB to get educated on the issue.

Francine Jupiter announced the meeting of the South County Task Force for Human Services scheduled for Thursday, September 20. Pat Harrison is on the agenda to review the updated plan for the CSB and George Mason University's recommendations on health care reform.

Gail Ledford, Director of the Department of Administration for Human Services, will update the HCAB at its October meeting on the County's plan for moving forward with the CSB. The HCAB will also receive a presentation on health care reform from Brenda Gardiner, also with the Department of Administration for Human Services.

Due to the Columbus Day Holiday, the HCAB meeting has been moved to Wednesday, October 10.

There being no further business, the meeting adjourned at 9:48 pm.